OMB APPROVAL FORM D SECURITIES AND EXCHANGE COMMISSI 3235-0076 Washington, D.C. 20549 ber 30, 2001 **FILING** urden FORM D16.00 03030630 NLY NOTICE OF SALE OF SECURITIES Prefix Serial PURSUANT TO REGULATION D, SECTION 4(6), AND/OR DATE RECEIVED NIFORM LIMITED OFFERING EXEMPTION (check if this is an amendment and name has changed, and indicate change Name of Offering Filing Under (Check box(es) that apply): Rule 504 Rule 505 | Rule 506 Section 4(6) ULOE New Filing Type of Filing: Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Vitrix. Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 51 West Third Street, Suite 310, Tempe, Arizona 85281 (480) 296-0400 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Design, develop, manufacture and market a line of time and labor management hardware and software products. Type of Business Organization corporation limited partnership, already formed other (please specify) business trust limited partnership, to be formed Month Year SEP 0 9 2003 Actual or Estimated Date of Incorporation or Organization: 8 8

GENERAL INSTRUCTIONS

Jurisdiction of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

(Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction)

Actual

Estimated

THOMSON

FINANCIAL

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it was received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

fiformation Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Memorandum (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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<u> </u>	(A. BASIC IDENTII	FICAT	TION DATA		
2. Enter the information reque	sted for the follow	ving:		· 0a		
• Each promoter of the is	suer, if the issuer	has been organized within t	he pas	t five years;		
 Each beneficial owner h the issuer; 	naving the power	to vote or dispose, or direct	the vo	te or disposition of, 1	0% or more of a c	class of equity securities of
 Each executive officer a 	and director of co	rporate issuers and of corpo	rate ge	neral and managing	partners of partner	ship issuers; and
Each general and manage	ging partner of pa	rtnership issuers.				
Check Box(es) that Apply:	Promoter	Beneficial Owner	\boxtimes	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Smith, Craig J.						
Business or Residence Address	(Number and Sti	eet, City, State, Zip Code)				
51 West Third Street, Suite 310	, Tempe, Arizona	85281				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					MATE AND ADDRESS OF THE PARTY O
Bednarik, Thomas S.						
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)				
51 West Third Street, Suite 310), Tempe, Arizona	a 85281				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Belfer, Todd P.						
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)				
51 West Third Street, Suite 310), Tempe, Arizona	a 85281				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Lambert, Lise M.						
Business or Residence Address	(Number and St	eet, City, State, Zip Code)				
51 West Third Street, Suite 310), Tempe, Arizon	a 85281				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)					
Zimmerman, Robert W.						
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)				
51 West Third Street, Suite 310), Tempe, Arizon	a 85281				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i Novak, Robert J.	ndividual)					
Business or Residence Address	(Number and St	reet, City, State, Zin Code)				
51 West Third Street, Suite 310						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if i	ndividual)			And the same of th		
Business or Residence Address	(Number and St	reet, City, State, Zip Code)				

	B. INFORMATION ABOUT OFFERING		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	s No
2.	What is the minimum investment that will be accepted from any individual?		
3.	Does the offering permit joint ownership of a single unit?	Yes	s No
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
	l Name (Last name first, if individual) urce Capital Group		
	siness or Residence Address (Number and Street, City, State, Zip Code) 21 Post Rd. East, Westport, CT 06880		
Nar	ne of Associated Broker or Dealer		
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	□ A	ll States
[A	.L] [AK] [AZ]X [AR] [CA]X [CO]X [CT] [DE] [DC] [FL] [GA] [H	I]	[ID]
[I	L] [IN] [IA]X [KS] [KY] [LA] [ME] [MD]X [MA] [MI] [MN] [M	S]	[MO]
[M	TT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [O	R]	[PA]
[R	RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA]X [WV] [WI]X [W	Y]	[PR]
	l Name (Last name first, if individual) siness or Residence Address (Number and Street, City, State, Zip Code)		
Nar	me of Associated Broker or Dealer		
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	A	.ll States
-	AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [F	.1]	[ID]
[]	L] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [M	S]	[MO]
[M	TT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [O	R]	[PA]
[R	RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [W	Y]	[PR]
Ful	l Name (Last name first, if individual)		
Bus	siness or Residence Address (Number and Street, City, State, Zip Code)		
— Nar	me of Associated Broker or Dealer		
Stat	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)		All States
[A	AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [F	i1 }	[ID]
[[L] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [N	is]	[MO]
[N	TT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [O	R]	[PA]
[F	RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [W	Y]	[PR]
	(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEE	os	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Pric	e	Amount Already Sold
	Debt	\$0		\$0
	Equity	\$_547,260.00		\$_547,260.00
	Common Preferred			
	Convertible Securities (including warrants)	\$0	_	\$0
	Partnership Interests	\$0		\$0
	Other (Specify:)	\$0		\$0
	Total	\$ <u>547,260.00</u>		\$ 547,260.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	23		\$_547,260.00
	Non-accredited Investors	0		\$0
	Total (for filings under rule 504 only)		-	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Type of offering Rule 505	Security		Solu
		_	_	5
	Regulation A	_		ъ
	Rule 504 Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	100		5
	Transfer Agent's Fees			\$ <u>[]</u>
	Printing and Engraving Costs			\$[]
	Legal Fees	•••••	\boxtimes	\$ <u>[2,000.00]</u>
	Accounting Fees			\$[]
	Engineering Fees			\$[]
	Sales Commissions (specify finders' fees separately)		\boxtimes	\$_[27,363.00]
	Other Expenses (identify)			\$[]
	Total		\boxtimes	\$ [29,363.00]

b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C- Question 4.a. This difference is the

	C. OFFERING PRICE, NUMB		- TROCEEL	
	"adjusted gross proceeds to the issuer."			\$ [517,897.00]
5.	Indicate below the amount of the adjusted gross prused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in re-	nt for any purpose is not known, furnish an. The total of the payments listed must equal		
			Payments to Officers, Directors, & Affiliates	
	Salaries and fees		□ \$ <u>[]</u>	\$
	Purchase of real estate		□ \$ <u>[</u>]	[] \$[]
	Purchase, rental or leasing and installation of ma-	chinery and equipment (Molds)	□ \$[]_	\$ <u></u> []
	Construction or leasing of plant buildings and fac	cilities	□ \$ <u>[</u>]	\$[]_
	Acquisition of other businesses (including the va			
	offering that may be used in exchange for the ass issuer pursuant to a merger)		□ s <u>[]</u>	[] s[]
	Repayment of indebtedness			
	Working capital			
	Other (specify):		□ \$_[]_	_
			□ \$_[]	🗆 \$[]
	Column Totals		□ \$ <u>[</u>]	
	Total Payments Listed (column totals added)		⊠ \$	[517,897.00]
		D. FEDERAL SIGNATURE		
ol	e issuer has duly caused this notice to be signed by lowing signature constitutes an undertaking by the est of its staff, the information furnished by the issuer	issuer to furnish to the U.S. Securities and	Exchange Com	mission, upon written re-
SS	uer (Print or Type)	Signature 101		Date _/
Vit	rix, Inc.	Callet		September
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
	aig J. Smith	Chief Financial Officer		

___ ATTENTION ____ Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

	•	E. STATE SIGNATURE	
	- · ·	62 presently subject to any of the disquali	· — — —
	Sec	Appendix, Column 5, for state response.	
	The undersigned issuer hereby undertakes to form D (17 CFR 239.500) at such times as required.	furnish to any state administrator of any state in ed by state law.	which this notice is filed, a notice o
	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written	n request, information furnished by th
1		uer is familiar with the conditions that must be ate in which this notice is filed and understands nat these conditions have been satisfied.	
	ssuer has read this notification and knows the co authorized person.	ntents to be true and has duly caused this notice to	be signed on its behalf by the undersigne
Issue	r (Print or Type)	Signature /	Date
Vitrix	x, Inc.	a DH	September 4, 2003
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)	
Craig	J. Smith	Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3	4 5 Disqualification						
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL_										
AK										
AZ		x	Common Stock \$547,260.00	14	\$396,060.00	None	-0-			
AR										
CA		X	Common Stock \$547,260.00	3	\$56,700.00	None	-0-			
СО			Common Stock \$547,260.00	1	\$10,500.00	None	-0-			
СТ										
DE										
DC										
FL_							-0-			
GA										
НІ								_		
ID										
IL										
IN										
IA			Common Stock \$547,260.00	1	\$10,500.00	None	-0-			
KS										
KY										
LA										
ME										
MD			Common Stock \$547,260.00	1	\$10,500.00	None	-0-			
MA										
МІ										
MN		<u> </u>								

APPENDIX

1		2	3			4		5		
	Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MS										
МО									Avin'm	
МТ										
NE										
NV										
NH										
NJ										
NM										
NY										
NC				-						
ND										
ОН										
ОК										
OR					: : 					
PA										
RI										
SC			4 P. Annual 2017							
SD										
TN										
TX										
UT										
VT										
VA										
WA			Common Stock \$547,260.00	1	\$10,500.00	None	-0-			
WV			33 1,,200.00		510,500.00					
WI			Common Stock \$547,260.00	1	\$10,500.00	None	-0-			

					APPENDIX				
1	to non-a	d to sell accredited rs in State	Type of security and aggregate offering price offered in state	4 Type of investor and amount purchased in State					5 ification ate ULOE , attach ation of granted)
	1	B-Item 1)	(Part C-Item 1)	Number of		rt C-Item 2) Number of			-Item 1)
State	Yes	No		Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
WY									
PR									